

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7439	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name LINDA M BUNNELL P.O. Box, Bldg., Room No., if any P.O. BOX 1710 Street 200 WALLACE STREET City NEW HAVEN State Connecticut ZIP Code + 4 06507	4. Name, file number, and address of labor organization. Name CHAUFFEURS, TEAMSTERS, WAREHOUSEMEN & HELPERS 443 Labor Organization File Number 035-774 P.O. Box, Building and Room Number, if any P.O. BOX 1710 Street 200 WALLACE STREET City NEW HAVEN State Connecticut ZIP Code + 4 06507
5. Position in labor organization. BUSINESS AGENT	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u><i>Linda M. Bunnell</i></u>	On <u>5/15/06</u> <u>203-294-0550</u> Date Telephone Number

Name of Person Filing LINDA BUNNELL	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name TRANSPORTATION LOCAL 443 HEALTH SEV & INS PL</p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street 200 WALLACE STREET</p> <p>City NEW HAVEN</p> <p>State Connecticut ZIP Code + 4 06507</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <p>PROVIDE HEALTH & WELFARE BENEFITS FOR TEAMSTER LOCAL UNION MEMBERS.</p> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <p>REIMBURSEMENTS OF EXPENSES INCURRED IN CONNECTION WITH ATTENDING HEALTH SERVICES FUND CLERKS MEETING HELD BY TRI-STATE JOINT FUND 5/31/2005-6/3/2005. MEALS AND INCIDENTAL EXPENSES.</p> <p>12.b. Amount. <input type="text"/> \$92</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <p><input type="text"/></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name TRANSPORTATION LOCAL 443 HEALTH SEV & INS PL

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 200 WALLACE STREET

City NEW HAVEN

State Connecticut ZIP Code + 4 06507

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PROVIDE HEALTH & WELFARE BENEFITS FOR TEAMSTER LOCAL UNION MEMBERS.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REIMBURSEMENT OF EXPENSES INCURRED IN CONNECTION WITH ATTENDING BOARD OF TRUSTEES MEETING OF THE TRI-STATE JOINT FUND 04/16/2005-04/23/2005. HOTEL ROOM AND TAX, TRAVEL AND INCIDENTAL EXPENSES.

12.b. Amount.

\$4,011